



Waste ManagementSM

Waste Management of Indiana, L.L.C.
P.O. Box 9
124 Twin Bridges Road
Danville, IN 46122

Phone 317.745.2878 • 800.981.0213
Fax 317.745.2865

August 18, 1998

Mr. Roger Glendening
Milbank Manufacturing
1400 E. Havens
Kokomo, IN 46901-3184

Re: Special Waste Verification Notice

Dear Roger Glendening:

The waste described in the documentation accompanying this request for verification is a special waste as defined in 329 IAC 10-2-179. This waste is not a hazardous waste as described in 40 CFR 261, nor is it any other type of unauthorized waste. The special waste stream referenced below has been approved for disposal at **Oak Ridge Recycling and Disposal Facility**. This landfill meets or exceeds the design, construction and operating standards promulgated under 40 CFR 258 and is permitted under 329 IAC 10 or 329 IAC 2. This approval is valid as follows:

Generator:	Milbank Manufacturing
Address of Waste Generated:	1400 E. Havens Kokomo, IN, 46901-3184 765/452.5694
Generator Phone No:	WWT Filter Cake
Waste Stream:	394323
Profile Number:	07/30/01
Profile Expiration Date:	NA
Waste Category:	80144
IDEM Certification Number (if applicable):	NA
IDEM Verification Number (if applicable):	07/30/03
Certification Expiration Date (if applicable):	Special Waste Disposal Notification
Manifest Required:	Disposal Notification is Attached
Landfill Notification:	24 HOUR NOTIFICATION REQUIRED

Please note the special conditions as noted by our Technical Manager:

1. **No free liquids.**
2. **Each load must have a signed Special Waste Disposal Notification.**
3. **Not valid for any plating or chemical conversion coating related wastes.**

The confidence and trust you have placed in selecting Waste Management, L.L.C. to manage your disposal needs is greatly appreciated. If you have any questions or need assistance with additional waste disposal, please do not hesitate to contact the Indiana Service Center at (800) 981-0213.

Sincerely,

Sue Smith
Customer Service Representative

Attachments

c: Bo Fredrickson, WM-Kokomo (Central)
Oak Ridge RDF
ISS/jab

**SPECIAL WASTE DISPOSAL NOTIFICATION
PROFILE NUMBER 394323**

GENERATOR INFORMATION

Company Name: Milbank Manufacturing

Technical Contact: Roger Glendening

Mailing Address: 1400 E. Havens, Kokomo, IN 46901-3184

Location of Waste: 1400 E. Havens, Kokomo, IN, 46901-3184

Emergency Response Phone Number: 765-452-5694

Origin of Waste (by county): Howard
(by State if outside of IN.) _____

EPA ID No: _____ (if applicable)

WASTE INFORMATION

Waste Name	Certification No. (if applicable)	Verification No. (if applicable)	Amt.	Profile Expiration	Category A or B
<u>WWT Filter Cake</u>	<u>394323</u>	_____		<u>07/30/01</u>	

Please check the appropriate box (to be completed by Generator)

- () No changes have been made to any relevant raw material or to the waste generating process since the last shipment of waste.
- () The following change to a relevant raw material or to the waste generating process has occurred since the last shipment of the waste. I have determined the change could not have led to a change in regulatory status; and I did not repeat the waste determination for this waste.
- () The following changes to a relevant raw material or to the waste generating process has occurred since the last shipment of the waste: I have repeated the waste determination and have determined this change did not cause a change in regulatory status.
- () The following change to a relevant raw material or to the waste generating process has occurred since the last shipment of the waste: I have repeated the waste determination and have determined that this change caused a change in the regulatory status of the waste. I have received from the owner, operator, or permittee of the MSWLF unit or non-MSWLF unit an updated verification notice that reflects the change in regulatory status. **(describe change below)** (please use additional paper if necessary)

I hereby certify that the above information is true and accurate to the best of my knowledge.

Name (print or type) and Title _____

Signature _____

Date (MM/DD/YY) _____

TRANSPORTER INFORMATION

Company Name: WM - Central

Mailing Address: PO Box 446, Kokomo, IN 46903-0446

Driver's Signature _____

Date (MM/DD/YY) _____

DISPOSAL SITE INFORMATION

Site Name: Oak Ridge RDF

FP Number: 09-2

Amount: _____

Authorized Signature _____

Date (MM/DD/YY) _____

Pursuant to Solid Waste Rule 329 IAC 10-28-21 (Facility responsibility for special waste disposal), 329 IAC 10-8.1-7(d) (The special waste verification process; generator responsibilities), 329 IAC 10-8.1-9 (The special waste certification process; generator responsibilities) and 329 IAC 10-8.1-5(f), all special waste delivered for disposal shall be accompanied by a disposal notification. Regulatory citations require generators to provide the disposal facility or processing facility with a written disposal notification for each load of special waste to be disposed. The solid waste disposal/processing facility shall check each load of special waste with the information provided on this form with the Special Waste Certification or the Special Waste Verification Notice. An original signature must appear on the disposal notification for the **first load** of the waste. The signature on the disposal notifications for subsequent loads of the **same waste** may be photocopied; however, these photocopied signatures will be considered to have the same authority as original signature.

Disposal Facilities may make corrections to this Disposal Notification ONLY with Generator/Transporter approval. All corrections must be initialed. If changes are made, please sign below.

Signature and Title _____

Date _____



AUG 17 '98 02:55PM W/M CENTRAL INDIANA

Waste Management of Central Indiana
740 N. Ohio
P.O. Box 446
Kokomo, IN 46908

AHN
BO

P.2
SERVICE AGREEMENT
NON-HAZARDOUS WASTES

NEW ACCOUNT ☒
MAJOR ACCOUNT ☐
SERVICE INCREASE ☐
SERVICE DECREASE ☐
RATE INCREASE ☐
RATE DECREASE ☐
CANCEL ☐
OTHER ☐

GENERAL CUSTOMER INFORMATION

ACCOUNT NUMBER and SERVICE TYPE

NAME	Mulbank Manufacturing Co.			LOCATION ID				BILLING STATUS				
STREET NUMBER	1400	DIST		STREET NAME	E. Houser Rd			EFFECTIVE DATE				
CITY	Kokomo			INCORPORATED	COUNTY	STATE/PROVINCE	ZIP/POSTAL CODE	TEMP SERV				
LOCATION												
PHONE	765-452-5694			CONTACT	Roger Glendenning			INDUSTRY SEGMENT	ALIAS	UNITS		
CREDIT REFERENCE	SECURITY REQUIRED											

SERVICE SPECIFICATIONS

SERVICE START/DELIVERY DATE:

SERVICE EFFECTIVE DATE:

QTY	DESCRIPTION/COMMENTS	OWNERSHIP			WASTE TYPE	SPECIAL WASTE		ROUTE ID	Y R E O	SERVICE DAYS							TKT REQ
		CONT	CUS	SHA		PROFILE NUMBER	PROFILE EXPIRES			U	M	T	W	H	F	S	
1	20 yd tarped Sludge container	X			B												

THIS IS A LEGALLY BINDING CONTRACT, AND CONTRACTOR AGREES TO PROVIDE AND CUSTOMER AGREES TO ACCEPT THE SERVICES AND EQUIPMENT AT THE CHARGES AND FREQUENCY INDICATED ON THIS AGREEMENT SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED ON THE REVERSE SIDE.

NAME	Mulbank Manufacturing Co.			PHONE			
ADDRESS	P.O. Box 754			CONTACT			
STREET NUMBER	1400	DIST		STREET NAME	E. Houser Rd		
CITY	Kokomo			STATE/PROVINCE	ZIP/POSTAL CODE	PURCHASE ORDER NUMBER	
					46903-0754		

SCHEDULE OF CHARGES

DESCRIPTION	TKT	FLAT	RATE
Transportation per load	X		125.00
Disposal per Ton	X		24.00
State Disposal & Tonnage fees per Ton	X		0.80
Container Rental per month	X		100.00

ADDITIONAL INSTRUCTIONS/COMMENTS:

Set today on west side of
compactor on concrete pad
Approx. 2 loads per year.

WE NEED CONTAINER
ASAP
RDB

ENTRAL SPECIAL WASTE TYPES AND AMOUNTS:

None

THE TERMS AND CONDITIONS ON REVERSE SIDE AND THE ATTACHED CONTRACTOR'S DEFINITION OF SPECIAL WASTE ARE PART OF THIS AGREEMENT.

CUSTOMER
AUTHORIZED SIGNATURE Roger D. Glendenning
PRINT NAME ROGER D. GLENDENING

CONTRACTOR
REPRESENTATIVE'S SIGNATURE Bob Schroeder
PRINT NAME BOB SCHROEDER